

EXHIBIT A

Description of Facilities covered under Independent Contractor Agreement:

1. Location

Section _____ Township _____
Town _____ County _____ State _____

2. Further Description

Bldg. 1 Type Total Confinement
Total Capacity 1800
No. of Rooms 4
Capacity/Room 450
No. Pens/Room 20

Bldg. 2 Type _____
Total Capacity _____
No. of Rooms _____
Capacity/Room _____
No. Pens/Room _____

Bldg. 3 Type _____
Total Capacity _____
No. of Rooms _____
Capacity/Room _____
No. Pens/Room _____

Bldg. 4 Type _____
Total Capacity _____
No. of Rooms _____
Capacity/Room _____
No. Pens/Room _____